

NATICK BOARD OF HEALTH
Telephone 508-647-6460 Fax 508-647-6466
APPLICATION FOR WELL CONSTRUCTION PERMIT

Date: _____

Fee: _____

Application is hereby made For a Permit to: Construct () or Repair () an Individual Well at:

☐ Well Location/Address _____ or Lot # _____

☐ Owner _____

☐ Address: _____ Tel. # _____

☐ Type of Well: () Drinking Water () Irrigation () Geothermal

☐ Type of Well Construction: _____

☐ Well Contractor _____

☐ Address _____ Tel. # _____

☐ Name of Licensed Well Driller: _____ Mass License # _____

☐ Address: _____ Tel. # _____

☐ Distance from Septic System _____ Ft.

AGREEMENT:

The undersigned agrees to construct the aforementioned well in accordance with the provisions set forth by the **Natick Board of Health** and latest sanitary engineering requirements. The undersigned further agrees not to place the well in operation until final approval by the **Plumbing Inspector, Water Department, Electrical Inspector** and the **Board of Health**.

Signed _____ Date: _____

This form must be submitted to the **Natick Board of Health** in duplicate after it has been properly filled in.

TO BE FILLED IN BY THE BOARD OF HEALTH

Date received: _____ Date approved: _____

By _____

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for office use

WELL CONSTRUCTION PERMIT

No: _____

Date: _____

Permission is hereby granted to _____

To construct () repair () a well at _____

as shown on the application for a well permit.

	Initial Inspection	Final Inspection
Plumbing Inspector		
Water Department		
Electrical Inspector		
Board of Health		